have been a genuine example of mortification of the liver, are almost the only cases of which I have any distinct recollection. The case under Dr. Graves was that of a patient in Sir Patrick Dun's Hospital, who laboured under chronic inflammation of the liver, with ascites, jaundice, swelling of the lower extremities, and an incapability of lying on the left side. After this man had been about eleven days in the hospital, he began to complain of tenderness and pain of the belly; he was next seized with vomiting, and threw up a large quantity of fetid matter. Soon after this he sank, and on dissection, numerous marks of chronic disease were found in various parts of the substance of the liver; but in the left lobe there was a cavity which was distinctly gangrenous, and had in the centre of it a large mass of slough. I think that there can be no doubt that in this case the disease was actual gangrene of the liver. I think, too, it may be very fairly doubted, whether gangrene of the liver is the result of inflammation, properly so called, in any case; and I believe it would be a very interesting subject for inquiry, to consider how far this disease may be the result of hepatic apoplexy, or effusion of blood into the substance of the liver. This is an accident to which the liver, as well as every other parenchymatous organ is subject; and though effusions of blood into its substance are by no means so common as similar occurrences in the brain and lungs, still it does not enjoy any thing like immunity from such lesions. We have good reason to believe, that in many cases, blood effused into the substance of parenchymatous organs may, under certain circumstances, either undergo putrefactive decomposition and form a gangrenous abscess, or that, although no longer circulating in its vessels, and effused into the parenchyma of an organ, it may still retain its vitality to a certain extent, and being modified by the powers of life, may give rise to the formation of various morbid products. In this way it is thought that various tumours—cancerous, steatomatous, melanotic, and encephaloid—may originate. I am inclined to think that this sometimes occurs in the brain and lungs, and it is probable that it may happen in the case of the liver also. Further researches, however, are necessary, with respect to the elucidation of this matter, before our opinions on it can possess a higher character than that of verisimilitude.—*Ibid, April 12th*, 1834.

18. *Distended Gall-Bladder.* By Wm. Stokes, M. D.—This may be mistaken for the pointing of an abscess, and an operation be performed, and that this has happened more than once is a positive fact. A distended gall-bladder has been mistaken for the tumour formed by the pointing of an hepatic abscess, an opening has been made into it under this supposition, bile has escaped instead of pus, and this getting into the cavity of the peritonæum, has given rise to rapid and fatal peritonitis. A remarkable case of this kind has been detailed with great candour by the late Mr. Todd, in one of the early numbers of the Dublin Hospital Reports. He was called suddenly to visit a girl, whom on his arrival he found to be in a dying state, labouring under great distention of the belly, almost insensible, moaning constantly with her jaw fixed, and presenting a distinct tumour in the hypochondriac region, which from the history of her case, he was led to consider as an hepatic abscess pointing externally. He divided the integuments and muscles down to the peritonæum, and having introduced a trochar, drew off nearly three pints of *bile* with apparent relief. Shortly afterwards, violent peritonitis came on, and the patient sank rapidly. After death the liver was found to be healthy, and the tumour to have been formed by a distended gall-bladder of enormous size. From this, after the operation, the bile had escaped into the peritonæum, causing intense and universal peritonitis. In making a diagnosis in such a case as this, every thing will depend upon your knowledge of the history and previous symptoms. The circumstances which produce distention of the gall-bladder, you will find upon examination do not bear any distinct resemblance to those which precede or accompany inflammation of the substance of the liver. We may have it from the obstruction caused by biliary calculi, and here you can make a tolerably sure diagnosis. We may

have it from disease of the duodenum, or of the head of the pancreas, or from the pressure of aneurismal tumours in the vicinity. Abscess of the liver is generally accompanied by symptoms of inflammation of that organ, but distention of the gall-bladder does not present any corresponding train of phenomena. There may be some exceptions to this rule, but in making the diagnosis, we must strike a balance of probabilities. The first part of our diagnosis then is this—the occurrence of a tumour in the hypochondriac region, not preceeded or accompanied by any of the symptoms which characterize hepatic inflammation. Another important diagnostic, and which I think will apply in several cases, is this. In a case where abscess has formed in the liver, the fluctuation, which is a sign of the existence of fluid, is often preceded by a condition of the part in which there is no sign of the presence of fluid; we have first induration and swelling, and *then the signs of fluctuation;* but this is not the order of succession in the phenomena which characterize distention of the gall-bladder. In abscess we have a hard tumour which gradually softens; in case of distended gall-bladder, we have the tumour soft and fluctuating from the commencement. If then we have a tumour in the hypochondriac region, not preceded or accompanied by symptoms of hepatic inflammation, accompanied by jaundice, with a sense of fluctuation from the beginning, and unattended by hectic, the chances are indeed very great that it is not an hepatic abscess, but a distended gall-bladder.

You will perhaps be surprised, that in treating of the diagnosis of distended gall-bladder, I do not lay any particular stress upon position. The reason of this is that the situations in which a distended gall-bladder may be felt are extremely various. First, we may have it appearing in different parts of the hypochondrium, under the cartilages of the ribs. In the next place, we may have it between the cartilages of the ribs and the spine of the ileum. It has been observed by Andral in the iliac fossa, and he has seen it in the epigastric region. In a case which occurred in the Meath Hospital, it presented itself in the epigastrium, a little to the right of the mesial line. Again, in severe cases you may have the whole of the liver filled with bile, *and having a distinct fluctuating feel, not produced by the existence of pus in that organ, but from the enlargements of its ducts, which are gorged with bile.* In one case mentioned in the Medico-Chirurgical Transactions, this curious circumstance occurred. So far, then, as diagnosis is concerned, position appears to be of very little consequence; but when we have this, in addition to the other circumstances mentioned, it will tend to give additional certainty to our diagnosis. In all cases on record where there was distended gall-bladder, the patient laboured under jaundice, except in that which I have detailed in the early part of this lecture, but perhaps if our patient had lived longer, he would also have had jaundice.—*Ibid.*

19. *Chronic Hepatitis.* By WILLIAM STOKES, M. D.—You will find a full description of the symptoms of this disease in almost every book on the practice of medicine, and it is unnecessary for me to detain you with details of this kind. If we are to judge from British practice, chronic hepatitis is a very common disease, and if we look to the practice, it is an affection under which half the community labour. I believe, indeed, that the chronic form of this disease is much more frequently observed in this country than the acute, but still I think it is any thing but a disease of universal prevalence.

I shall not, as I said before, take up your time in stating what you will find in any medical work; I shall merely mention, that in chronic hepatitis we have generally derangement of the bowels, chiefly affecting the stomach and upper part of the digestive tube, and in addition to this, we have more or less pain, tenderness, and swelling in the region of the liver, and often dullness of sound over the lower part of the right side. When we meet with this train of phenomena, we say that the patient has the symptoms of chronic hepatitis. But no one under such circumstances could undertake to say whether the patient